INDEX OF SURGICAL PROGRESS.

BONES, JOINTS, ORTHOPÆDIC.

I. Intra-articular Exostosis of the Knee-joint. By DR. THILO. EHRHARDT (Halle). The author records a case of intra-articular exostosis cartilaginea, a very rare variety of exostosis which was operated on with complete success in Volkmann's clinic. The patient, æt. 24, male. The growth was situated on the internal condyle of the left femur. The case before operation was diagnosed as arthritis deformans with free bodies in the joint cavity. After unavailing treatment with bandages, the knee was incised longitudinally on the inner side of the joint, the synovial fluid was allowed to flow out, and 3 free bodies each the size of a small walnut were obtained from the joint. On examination, however, the disease proved an exostosis on the inner condyle entirely within the joint capsule, of an irregular nodular character, the external surface covered with cartilage similar to that of the articular end of the femur. It protruded beyond the inferior and inner borders of the condyle, and on the whole appeared of larger size than the articular end of the femur. Volkmann then chiseled off the growth until the condyle assumed its normal shape. This operation left a sort of triangular field, exposing the spongiosa of the condyle. A counter incision was made on the right side of the joint, the joint cavity well cleansed and three drains inserted. The joint was powdered with iodoform and the whole put up in a typical dressing of carbolized gauze and moss cushion. Six days subsequently dressing removed; no suppuration; drains removed. The second bandage renewed after sixteen days. A water glass bandage was then put on, and after six weeks the patient was discharged able to walk. Fehleisen, Billroth and Rindfleisch have recorded cases of similar exostosis but, although the growths seemed surrounded by a bursa after the man-

ner of an articular extremity, the exostoses were not situated *within* the joints as in the case of Volkman, Virchow first described these exostoses, and ranked them among the rarer variety. The large operative material of Volkmann, however, would tend to prove that the "exostosis cartilaginea" is the most common variety of *exostoses.* Volkmann has suggested to rank only those exostoses covered with cartilage among the tumors in the stricter sense of the definition. For bony outgrowths not covered by cartilage seem to the clinician at least rather a result of inflammatory processes, rather osteophytes in their nature, a typical, well defined, new bony growth of periosteal development. According to the theories of the author the exostosis has its origin in a trauma inflicted on the epiphysis of the growing bone. No inflammation results, but a simple dislocation of cartilage cells out of their normal longitudinal arrangement as seen in the epiphysis of a developing bone. These cells simply turned from the longitudinal to the transverse diameter of the bone continue to grow, but in an abnormal manner (outwards from the epiphysis). We have thus resulting a cartilaginous outgrowth later ossifying into an exostosis covered with cartilage, contemporary with the growing bone. In Volkmann's intra-articular growth this mode of origin from the articular end of the bone seems simplest to the author. *Zeitsch. f. chir.*, Bd xxvi, heft 1 and 2.

II. The Phelps' Method of Treating Club-Foot. By A. PHILLIPSON, M. D. (Hamburg). The author gives a concise description of the Phelps method of operation for club-foot deformities. The division of cases by Phelps is closely adhered to—(*a*) those cases which are easily corrected, (*b*) where tendon and fasciæ are contractured, (*c*) where all the tissues are contractured, tendons, fasciæ, muscles. In the first set of cases simple means by which the foot is placed in normal position, splint, massage, electricity, suffice. In the second class the tendo Achillis and plantar fascia are divided, and where necessary the tendon of the tibialis posticus is divided from the internal malleolus: at the same time the deltoid ligament is divided completely by a circular incision passing close to the border of the internal malleolus. The